

**IN THE DAYTON MUNICIPAL COURT
CIVIL DIVISION**

CASE NO: _____

PETITIONER'S NAME

VS.

**PETITION FOR REINSTATEMENT
FEE PAYMENT PLAN AND
DRIVING PRIVILEGES** (R.C. 4510.10)

Revised 04/05/06

OHIO BUREAU OF MOTOR VEHICLES

PETITIONER'S DATE OF BIRTH: ____/____/____

PETITIONER'S SOCIAL SECURITY NUMBER: _____

PETITIONER'S ADDRESS: _____
Street Address, City, State & Zip

PETITIONER'S PHONE NUMBER: _____

REQUEST FOR REINSTATEMENT FEE PAYMENT PLAN

My driving (operating) privileges in Ohio are suspended as the result of outstanding unpaid Bureau of Motor Vehicle (BMV) reinstatement fees in the amount of \$_____. **A photocopy of BMV Form 2006 showing all my unpaid reinstatement fees and driving suspensions is attached.**

I state that I have no other driving suspension and am eligible to drive except for paying my reinstatement fees.

I will be able to pay my outstanding reinstatement fees if I am granted the following payment plan:

Monthly Payment Plan of \$_____ a month (payments must be at least \$50).

I will make monthly payments until all reinstatement fees are paid in full.

180-Day Extension Payment Plan. Payment on reinstatement fees is deferred for 180 days (6months). At the end of the 180 day period, I will pay all reinstatement fees in full.

REQUEST FOR LIMITED DRIVING PRIVILEGES

I do not have a driver's license or it has expired. Please issue me an Order to Test or Re-Test for my driver's license and I will request Driving Privileges after I take my driver's exam or renew my license.

I have an unexpired driver's license and a **photocopy of my license or abstract driving record** (from the BMV) is **attached**. I am entitled to drive except for the payment of my reinstatement fees. I have now and will continue to maintain a current SR-22 Insurance Policy or Bond. **A photocopy of my SR-22 Insurance Policy or Bond is attached.**

****TURN PAGE OVER AND COMPLETE THE BACK SIDE****

LOCATIONS FOR DRIVING PRIVILEGES

I need to drive back and forth from my residence to the below location(s) during the Days and Hours:
Please list the name and address of all locations needed.

Work: _____
 School: (you) _____ (child) _____
 Daycare: _____
 Medical: _____
 Court Ordered Treatment: _____
 Job Training: _____
 Other: _____

HOURS YOU NEED DRIVING PRIVILEGES

	Work		School/Daycare		Medical	Court Ordered Treatment	Job Training	Other
	Start	End	Drop-off	Pick-up				
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								
Saturday								
Sunday								

AFFIDAVIT (Petitioner must sign Affidavit at the Civil Counter)

STATE OF OHIO, COUNTY OF MONTGOMERY, SS.:

The undersigned, first duly cautioned and sworn, and attesting that the above statements are true, deposes that I am: (please print name) _____, the Petitioner herein, and that I request the Reinstatement Fee Payment Plan and Driving Privileges because I have insufficient income or funds to pay my reinstatement fees and need driving privileges in order to acquire the funds for the Payment Plan.

Signature of affiant/petitioner _____

Sworn to and subscribed before me this _____ day of _____ 20_____.

 Deputy Clerk

****All requirements must be completed within 90 days of filing this petition, failure to do so will result in your case being dismissed unless good cause is shown.****